

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011144

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 126

FILED APR 2 1963

VS 300
Rev. 4/59

10360

20360

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pacific</u>		c. CITY OR TOWN <u>Pacific</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home 4 mi. n.</u>		d. STREET ADDRESS (If outside, give location) <u>4 mi north.</u>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Louis</u> Last <u>Treffinger</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>21</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 23 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pacific</u>	
13a. FATHER'S NAME <u>Anthony Treffinger</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Mayer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes 2nd W. W.</u>		16. SOCIAL SECURITY NO. <u>49</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cirrhosis of Liver</u> DUE TO (b) <u>rectal hemorrhages</u> DUE TO (c) <u>Chr. alcoholism</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Treffinger</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>10:00</u> Month, Day, Year <u>March 21, 1963</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>March 21, 1963</u> to <u>March 21, 1963</u> and last saw her/him alive on <u>March 21, 1963</u>		22a. SIGNATURE (Degree or title) <u>C. S. Ruffler D.O.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 24, 1963</u>	
24. FUNERAL DIRECTOR <u>Mrs. John L. Shuber</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 24 - 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mary A. Gross</u>		27. DATE SIGNED <u>3/25/1963</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1963

AUG 1 1963

AUG 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Altman

Licensed Embalmer No.

4808

P. O. Address

Union Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.